

**ERNEST ORLANDO LAWRENCE
BERKELEY NATIONAL LABORATORY (LBNL)**

AGREEMENT & AUTHORIZATION FOR TELECOMMUTING

The employee named below is hereby authorized to perform work for LBNL at the residence or off-site office located at:

WORK LOCATION:

(Address)	(City)	(State)	(Zip Code)

in accordance with the terms and conditions stated herein. Employee understands and agrees that authorization to perform LBNL job duties away from the LBNL premises is a privilege and can only be granted in areas where such duties are compatible with LBNL operations and to employees deemed eligible for off-site work assignments in LBNL's sole discretion.

EMPLOYEE INFORMATION:

(Name)	(Division/Department)	(Ext)	(Mail Stop)

AUTHORIZED DUTIES/ASSIGNMENTS:

(If the employee is a supervisor, a description of how supervision will be provided must be included, below.)

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AUTHORIZED DAY(S) TO TELECOMMUTE:

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NOTE: Any hours involving overtime must be specifically approved by the Supervisor

Employee further understands and agrees that:

- (1) This Agreement does not create a right to perform job duties at any location other than the LBNL site;
- (2) This Agreement is not an entitlement or a contract of employment and may not be construed as such;
- (3) This Agreement may be terminated without cause by either party upon ten (10) business day's prior notice;
- (4) LBNL information and equipment maintained at Employee's premises will be protected from unauthorized or accidental access, use, modification, destruction, or disclosure;
- (5) Employee's personal vehicle will not be used for LBNL business unless specifically authorized below;
- (6) Employee's off-site work space will be maintained by Employee in a safe condition, free from hazards to persons and equipment; if computer equipment will be used as part of the telecommuting function, the following activities must be completed and documented using the attached form and returning a copy to the supervisor and the EH&S Ergonomics Program (Mailstop 75B-0101).
 - a. Complete the Ergonomics Awareness for Computer Users (EHS 60) training.
 - b. Conduct an ergonomic self-assessment of the immediate telecommuting work area using the attached evaluation form (consult with the EH&S Ergonomics Program personnel as needed).
 - c. Acquire and install the necessary ergonomic accessories identified in the self-assessment to assure the telecommuting work area provides controls against ergonomic risk exposures.
- (7) Any equipment provided to Employee by LBNL shall remain the property of LBNL, and that all such LBNL Equipment will be returned to LBNL for inspection, repair, replacement, or repossession upon five (5) business day's prior notice; and
- (8) Employee will report any injury incurred while performing work for LBNL at Employee's residence or off-site office to his/her Supervisor and LBNL Health Services (510) 486-6266;
- (9) Telecommuting is not a substitute for child or elder care, and Employee will manage dependent care and personal responsibilities in a manner that allows job responsibilities to be successfully met;
- (10) Employee agrees to be accessible (e.g., by e-mail, telephone) during designated work hours and will meet with Supervisor and attend LBNL meetings upon request of the Supervisor;
- (11) Other than duties and obligations expressed in this agreement, all duties, obligations, responsibilities, and conditions of employment with LBNL remain unchanged and all LBNL/University rules and regulations pertaining to employment, employee conduct, and performance of duties and health and safety apply to this agreement.
- (12) Employee remains liable for injuries to third parties and/or members of Employee's family at the Employee's residence. Employee agrees to defend, indemnify, and hold harmless LBNL, its employees and agents, and The Regents of the University of California, and the United States Department of Energy from and against any and all claims, demands, or liability (including any related costs, losses, expenses, and attorney's fees) resulting from or arising in connection with any injury to persons (including death) or damage to property, caused directly or indirectly, by the work performed by the Employee or by Employee willful misconduct or negligent acts or omissions in the performance of duties and obligations under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of LBNL.

USE OF LBNL EQUIPMENT: If LBNL Equipment is to be used by the above Employee away from the LBNL premises, the Employee must print out Employee's property record, complete a Material Pass Form, and complete a Dual Signature Inventory/Inventory Property at Home form, and attach both to this telecommuting agreement. In addition, copies of the completed and signed property forms should be sent to the Division/Department property representative. (To access property forms, use the **Property Accountability** link placed in the Lab website A-Z index under: **P**, and then click the Forms button.)

COMPUTER AND INFORMATION SECURITY: Employees using any computer (whether their own or LBNL's) to access Laboratory information must follow Laboratory cybersecurity guidance to protect the confidentiality, integrity, and availability of this information and must meet LBNL's Cybersecurity Standards. If information of a personal or proprietary nature must be processed off site, it must be appropriately safeguarded. In particular, processing or transporting Personally Identifiable Information and/or Personal Health Information offsite requires that the employee and supervisor create a security plan to document the required protections for this information, whether it is stored on paper or in electronic form. Additional information about LBNL's cybersecurity policies is available at <http://www.lbl.gov/cyber/>.

ERGONOMIC EQUIPMENT: Prior to beginning a telecommuting arrangement (1) the attached ergonomic self-assessment form must be completed, (2) the required equipment must be ordered and installed, and (3) a photo of the workspace must be taken and attached to this form.

Description of Ergonomic Accessories Needed	Vendor Name	Date Ordered	Date Installed

Ergonomic Accessories Approved By:

(Supervisor's Signature)

(Division ESH Coordinator's Signature)

USE OF EMPLOYEE'S PERSONAL VEHICLE: The Employee is authorized to use the Employee's personal vehicle for the following LBNL purpose(s) **only**:

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(Supervisor's Signature)

APPROVAL: I hereby approve performance of the job duties/assignments stated herein by the Employee named above and at the above-specified location. If LBNL Equipment is to be used by the Employee, I hereby approve of removal of the above Equipment from the LBNL premises, and of the Employee's storage and usage of such Equipment at the above stated location. Copies of the Employee's property record, Material Pass Form, and Dual Signature Inventory/Inventory Property at Home form are attached.

(Signature of Supervisor)

(Date)

(Signature of Division Director/Department Head)

(Date)

I hereby affirm by my signature that I have read this Telecommuting Agreement, understand its subject matter and agree to all of the above terms and conditions.

(Signature of Employee)

(Date)

Concurrence of Human Resources for non-exempt employee agreements

(Signature of Manager, Labor/Employee Relations)

(Date)

	Sat	NI	AM	NA	Actions Taken/Ergonomic Items Needed
<u>Chair</u> Chair has adjustable padded arm rests. Backrest is adjustable and provides proper back support. Chair adjusted to appropriate sitting height at computer workstation. Seat pan adjusted to provide adequate support to thighs. Employee's feet are flat on the floor/or supported by footrest.	•	•	•	•	• Adjust ergonomic chair • Order ergonomic chair • Install chair mat • Install foot rest • Install supplemental back pillow • Other _____
<u>Work Surface</u> Work space is properly laid out (monitor, mouse, document holder, phone, writing surface). Work surface at proper height. Adequate space under the work surface for legs, knees, thighs, feet and equipment/accessories.	•	•	•	•	• Acquire ergonomic computer table/desk • Reconfigure existing work surfaces • Reposition items within normal range of motion and reach • Other _____
<u>Monitor</u> The top of the monitor is at or slightly below eye level. Monitor is located directly in front of and at least 18-24" from worker.	•	•	•	•	• Raise monitor height with monitor risers, phone book or ream of paper • Lower computer monitor to accommodate bifocal/progressive lenses use • Other _____
<u>Keyboard/Wrist Rest/Pointing Device</u> The keyboard location forearms to be parallel to the floor. The wrists are straight, in line with the forearm. The wrist rest is used properly. Forearms parallel to floor when using pointing devices. Wrists in neutral position when using pointing devices.	•	•	•	•	• Alternative keyboard • Adjustable keyboard tray/arm unit • Alternative pointing device • Mouse platform/bridge • Wrist rest • Other _____
<u>Document Holder</u> Document holder is available to support paperwork Document holder is adjusted to the proper viewing height and distance.	•	•	•	•	• Document holder • Slant board • Writing platform • Other _____
<u>Lighting</u> Monitor is positioned to avoid glare or backlighting from windows. Lighting is adequate for computer work. Lighting is adequate for reading documents.	•	•	•	•	• Reposition monitor to eliminate source of Backlighting and/or reflective glare • Install glare screen • Use task light • Reduce illumination level • Other _____
<u>Vision</u> Font size is discernable and there is no monitor flicker. Vision and focus is clear when viewing screen and documents.	•	•	•	•	• Adjust monitor refresh rate • Schedule eye examination (for glasses) • Prescription glasses for computer work • Other _____
<u>Telephone Usage</u> Telephone use is extensive during the workday. Telephone handset is cradled between the neck and shoulders.	•	•	•	•	• Install hands-free telephone headset • Use speaker phone feature • Other _____

<p><u>Work Habits</u> Micro breaks are taken on a regular basis (e.g., hourly) Stretching is performed during micro breaks.</p> <p>Neutral posture is maintained during sitting or standing work activities.</p>	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • Take periodic micro breaks • Install Stretchware (task break notification software onto desktop) • Adjust ergonomic chair to enhance postural support • Other _____
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Sat = Satisfactory

NI = Needs Improvement

AM = Adjustment Made

NA = Not Applicable

Date Ergonomic Self-Assessment Evaluation Form Submitted to Supervisor: _____

Date Ergonomic Self-Assessment Evaluation Form Submitted to EH&S Division Ergonomic Program Manager: _____

Employee Signature

Date

Supervisor Signature

Date

Ergonomic Evaluation Completion/Close-out Date: _____

Copies to:

Division Safety Coordinator

J. Chung, EH&S Safety, Mailstop 90K